

Check A and
Paragraph Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-875)**

SERIAL NO.

FILING DATE

APPL. NO.

09/970573

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	13					
TOTAL DEP.	20					
TOTAL CLAIMS	33					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL CLAIMS						